
State: Arkansas **Filing Company:** Washington National Insurance Company
TOI/Sub-TOI: H07I Individual Health - Specified Disease - Limited Benefit/H07I.001 Critical Illness
Product Name: BS1069 Informational Filing
Project Name/Number: BS1069 Informational Filing/

Filing at a Glance

Company: Washington National Insurance Company
Product Name: BS1069 Informational Filing
State: Arkansas
TOI: H07I Individual Health - Specified Disease - Limited Benefit
Sub-TOI: H07I.001 Critical Illness
Filing Type: Form
Date Submitted: 08/02/2012
SERFF Tr Num: CNSC-128614224
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: BS1069

Implementation: On Approval
Date Requested:
Author(s): Beth Blackwell, Stacey Farmer, Michelle Garba, Janet Jones
Reviewer(s): Rosalind Minor (primary)
Disposition Date: 08/03/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** Washington National Insurance Company
TOI/Sub-TOI: H071 Individual Health - Specified Disease - Limited Benefit/H071.001 Critical Illness
Product Name: BS1069 Informational Filing
Project Name/Number: BS1069 Informational Filing/

General Information

Project Name: BS1069 Informational Filing Status of Filing in Domicile: Pending
Project Number: Date Approved in Domicile:
Requested Filing Mode: Informational Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: Filing Status Changed: 08/03/2012
State Status Changed: 08/03/2012
Deemer Date: Created By: Janet Jones
Submitted By: Janet Jones Corresponding Filing Tracking Number:

Filing Description:

Subject: Washington National Insurance Company
NAIC 70319
BS1069 - Accidental Death and Dismemberment Benefit Schedule

We are submitting for informational purposes a corrected Accidental Death and Dismemberment Benefit Schedule. On June 28, 2012, you department approved a Critical Illness filing under SERFF Tracking # CNSC-128470031 (Serff Disposition Report attached to the Supporting Documentation Tab). This filing contained a Critical Illness policy and seven optional riders, one of which was an Accidental Death and Dismemberment rider.

Subsequent to the policy filing, two typographical errors were discovered on the Accidental Death and Dismemberment Benefit Schedule, BS1069. The Dismemberment Benefit amount under the Children's column for "One finger or toe" and "More than one finger and/or toe" had incorrect dollar amounts listed. The actuarial material originally submitted had the correct values which are \$500 and a \$1,000 respectfully for the benefits amounts.

This product has not been marketed yet in your state.

If you have additional questions or concerns, please feel free to contact me.

Sincerely,

Janet Jones, HIA, AIRC
Product Filing Analyst
Policy Approval & Compliance
1-800-888-4918 extension 73177

Company and Contact

Filing Contact Information

Janet Jones, Janet_Jones@conseco.com
11815 N. Pennsylvania Street 800-888-4918 [Phone] 3177 [Ext]
Carmel, IN 46032 317-817-2333 [FAX]

State: Arkansas **Filing Company:** Washington National Insurance Company
TOI/Sub-TOI: H071 Individual Health - Specified Disease - Limited Benefit/H071.001 Critical Illness
Product Name: BS1069 Informational Filing
Project Name/Number: BS1069 Informational Filing/

Filing Company Information

Washington National Insurance
Company
11815 N. Pennsylvania St.
Carmel, IN 46032
(800) 888-4918 ext. [Phone]

CoCode: 70319
Group Code: 233
Group Name:
FEIN Number: 36-1933760

State of Domicile: Indiana
Company Type: Insurance
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: AR - \$50 per form
Per Company: No

Company	Amount	Date Processed	Transaction #
Washington National Insurance Company	\$50.00	08/02/2012	61379514

State:	Arkansas	Filing Company:	Washington National Insurance Company
TOI/Sub-TOI:	H071 Individual Health - Specified Disease - Limited Benefit/H071.001 Critical Illness		
Product Name:	BS1069 Informational Filing		
Project Name/Number:	BS1069 Informational Filing/		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/03/2012	08/03/2012

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Accidental Death & Dismemberment Benefit Schedule	Janet Jones	08/03/2012	08/03/2012

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Schedule	Note To Filer	Rosalind Minor	08/02/2012	08/02/2012

State:	Arkansas	Filing Company:	Washington National Insurance Company
TOI/Sub-TOI:	H071 Individual Health - Specified Disease - Limited Benefit/H071.001 Critical Illness		
Product Name:	BS1069 Informational Filing		
Project Name/Number:	BS1069 Informational Filing/		

Disposition

Disposition Date: 08/03/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Disposition Report For Original Filing - CNSC-128470031	Approved-Closed	Yes
Form (revised)	Accidental Death & Dismemberment Benefit Schedule	Approved-Closed	Yes
Form	Accidental Death & Dismemberment Benefit Schedule	Replaced	Yes

SERFF Tracking #:	CNSC-128614224	State Tracking #:		Company Tracking #:	BS1069
State:	Arkansas	Filing Company:	Washington National Insurance Company		
TOI/Sub-TOI:	H071 Individual Health - Specified Disease - Limited Benefit/H071.001 Critical Illness				
Product Name:	BS1069 Informational Filing				
Project Name/Number:	BS1069 Informational Filing/				

Amendment Letter

Submitted Date: 08/03/2012

Comments:

I apologize that I did not attached the corrected schedule upon initial submission.

The schedule is now attached.

Thanks,

Janet

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
BS1069	Schedule Pages	Accidental Death & Dismemberment Benefit Schedule	Revised		CNSC-128470031	BS1069	50.000	BS1069.pdf

State: Arkansas **Filing Company:** Washington National Insurance Company
TOI/Sub-TOI: H07I Individual Health - Specified Disease - Limited Benefit/H07I.001 Critical Illness
Product Name: BS1069 Informational Filing
Project Name/Number: BS1069 Informational Filing/

Note To Filer

Created By:

Rosalind Minor on 08/02/2012 01:14 PM

Last Edited By:

Rosalind Minor

Submitted On:

08/03/2012 08:29 AM

Subject:

Schedule

Comments:

Just to let you know, that there was not an updated schedule attached to the Form tab.

State:	Arkansas	Filing Company:	Washington National Insurance Company
TOI/Sub-TOI:	H071 Individual Health - Specified Disease - Limited Benefit/H071.001 Critical Illness		
Product Name:	BS1069 Informational Filing		
Project Name/Number:	BS1069 Informational Filing/		

Form Schedule

Lead Form Number: BS1069							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Approved-Closed 08/03/2012	BS1069	SCH	Accidental Death & Dismemberment Benefit Schedule	Revised: Replaced Form #: BS1069 Previous Filing #: CNSC-128470031	50.000	BS1069.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

ACCIDENTAL DEATH AND DISMEMBERMENT RIDER

BENEFIT SCHEDULE

This is a summary of benefits included in your Rider. Please read your entire Policy and Rider(s) for further explanations and limitations.

	Policyowner	Spouse (if covered)	Child(ren) (if covered)
Accidental Death Benefit			
Accidental Death	\$50,000	\$50,000	\$25,000
Motorized Vehicle or Pedestrian			
Common-Carrier			
Dismemberment Benefit			
One finger or toe	\$1,000	\$1,000	\$500
More than one finger and/or toe	\$1,500	\$1,500	\$1,000
One eye, hand, foot, arm, or leg	\$7,500	\$7,500	\$2,000
More than one eye, hand, foot, arm, or leg	\$25,000	\$25,000	\$5,000
Joint Replacement			
	\$5,000	\$5,000	\$1,250
Fracture			
Hip or thigh	\$1,200	\$1,200	\$1,200
Vertebrae	\$1,100	\$1,100	\$1,100
Pelvis	\$1,000	\$1,000	\$1,000
Skull (depressed)	\$900	\$900	\$900
Leg	\$800	\$800	\$800
Foot, ankle, or knee cap	\$600	\$600	\$600
Forearm or hand	\$600	\$600	\$600
Lower jaw	\$500	\$500	\$500
Shoulder blade, collar bone, or sternum	\$500	\$500	\$500
Skull (simple)	\$400	\$400	\$400
Upper arm or upper jaw	\$400	\$400	\$400
Facial Bones	\$400	\$400	\$400
Vertebrae processes	\$200	\$200	\$200
Coccyx, rib, finger, toe, or nose	\$200	\$200	\$200
Dislocation			
Hip	\$1,000	\$1,000	\$1,000
Knee (not knee cap)	\$800	\$800	\$800
Shoulder	\$600	\$600	\$600
Foot or ankle	\$500	\$500	\$500
Hand	\$400	\$400	\$400
Lower jaw	\$300	\$300	\$300
Wrist	\$200	\$200	\$200
Elbow	\$200	\$200	\$200
Finger or toe	\$200	\$200	\$200
Laceration			
Combined length: Over 2"	\$100	\$100	\$100

BENEFIT SCHEDULE (continued)

	Policyowner	Spouse(if covered)	Child(ren)(if covered)
Injuries Requiring Surgery			
Eye Injury	\$100	\$100	\$100
Tendon or ligament:	\$300	\$300	\$300
Ruptured disc:			
Covered accident occurs:			
During first year you are insured	\$100	\$100	\$100
After first year you are insured	\$300	\$300	\$300
Torn cartilage:			
Covered accident occurs:			
During first year you are insured	\$100	\$100	\$100
After first year you are insured	\$300	\$300	\$300
Hernia:			
Covered accident occurs:			
During the first year you are insured	\$100	\$100	\$100
After first year you are insured	\$300	\$300	\$300
Burn	\$500	\$500	\$500
Emergency Care Services	\$250 per Covered Accident per Insured	\$250 per Covered Accident per Insured	\$250 per Covered Accident per Insured
Physician's Visit	\$30 limit 2 per Covered Accident per Insured	\$30 limit 2 per Covered Accident per Insured	\$30 limit 2 per Covered Accident per Insured

State:	Arkansas	Filing Company:	Washington National Insurance Company
TOI/Sub-TOI:	H071 Individual Health - Specified Disease - Limited Benefit/H071.001 Critical Illness		
Product Name:	BS1069 Informational Filing		
Project Name/Number:	BS1069 Informational Filing/		

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	08/03/2012
Comments:			
Attachment(s):			
FLESCH.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	08/03/2012
Bypass Reason:	Not filing a policy - filing a revised Benefit Schedule		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	Approved-Closed	08/03/2012
Bypass Reason:	N/A - filing a revised Benefit Schedule		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Approved-Closed	08/03/2012
Bypass Reason:	N/A - filing a revised Benefit Schedule		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	Disposition Report For Original Filing - CNSC-128470031	Approved-Closed	08/03/2012
Comments:			
Attachment(s):			
AR - Approval - CNSC-128470031.pdf			

FLESCH CERTIFICATION

I hereby certify that the following forms(s) has (have) the following readability score(s) as calculated by the Flesch Reading Ease Test and that this (these) form(s) meet(s) the reading ease requirements as required by law.

FORM NUMBER

FLESCH SCORE

Schedule:

BS1069 - Accidental Death and Dismemberment Benefit Schedule 50

A handwritten signature in black ink, appearing to read 'm. brown', with a stylized flourish at the end.

Mathias E. Brown

Sr. Director and Assistant Secretary, Product Approval and Compliance

Date 6/13/2012

Disposition for CNSC-128470031

SERFF Tracking Number:	CNSC-128470031	State:	Arkansas
Filing Company:	Washington National Insurance Company	State Tracking Number:	
Company Tracking Number:	WNIC1068		
TOI:	H07I Individual Health - Specified Disease - Limited Benefit	Sub-TOI:	H07I.001 Critical Illness
Product Name:	Individual Critical Illness		
Project Name:	Individual Critical Illness 2		

Disposition Date: 06/28/2012

Implementation Date:

Status: * Approved-Closed

Comments:

Company Rate Information							
Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Washington National Insurance Company	0.000 %	0.000 %	\$ 0	0	\$ 0	0.000 %	0.000 %

Schedule Items			
Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Statement of Availability	Approved-Closed	Yes
Form	WNIC1068AR, Policy/Contract/Fraternal Certificate, Critical Illness Policy	Approved-Closed	Yes
Form	WNIC1068DAR, Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider, Definitions Section	Approved-Closed	Yes
Form	WNIC1068P, Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider, Premium Section	Approved-Closed	Yes
Form	WNIC1068C, Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider, Claims Section	Approved-Closed	Yes
Form	WNIC1068GP, Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider, General Provision Section	Approved-Closed	Yes
Form	WNIC1068LEAR, Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider, Limitations and Exclusions Section	Approved-Closed	Yes
Form	WNIC1068CNAR, Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider, Benefit Section - Cancer Only	Approved-Closed	Yes
Form	WNIC1068HS, Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider, Benefit Section - Heart Attack/Stroke	Approved-Closed	Yes
Form	WNIC1068CHAR, Policy/Contract/Fraternal Certificate: Amendment, Insert Page,	Approved-	Yes

	Endorsement or Rider, Benefit Section - Cancer/Heart Attack/Stroke	Closed	
Form	R1069AR, Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider, Accidental Death and Dismemberment Rider	Approved-Closed	Yes
Form	R1070AR, Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider, Hospital Indemnity Rider	Approved-Closed	Yes
Form	R1071AR, Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider, Hospital Indemnity Rider	Approved-Closed	Yes
Form	R1072, Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider, Radiation and Chemotherapy Rider	Approved-Closed	Yes
Form	R1073, Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider, Critical Conditions Rider	Approved-Closed	Yes
Form	R1077CV, Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider, Cash Value Rider	Approved-Closed	Yes
Form	R1077ROPAR, Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider, Return of Premium Rider	Approved-Closed	Yes
Form	BS1068CN, Schedule Pages, Benefit Schedule - Cancer Only	Approved-Closed	Yes
Form	BS1068HS, Schedule Pages, Benefit Schedule - Heart Attack/Stroke	Approved-Closed	Yes
Form	BS1068CH, Schedule Pages, Benefit Schedule - Cancer/Heart Attack/Stroke	Approved-Closed	Yes
Form	BS1069, Schedule Pages, Benefit Schedule - Accidental Death and Dismemberment Rider	Approved-Closed	Yes
Form	BS1073, Schedule Pages, Benefit Schedule - Critical Conditions Rider	Approved-Closed	Yes
Form	SCHEDULE-ICI2, Schedule Pages, Policy Schedule	Approved-Closed	Yes
Form	OC1068AR, Outline of Coverage, Outline of Coverage	Approved-Closed	Yes
Form	AP-1067AR, Application/Enrollment Form, Application	Approved-Closed	Yes
Rate	Rates	Approved-Closed	Yes

State:	Arkansas	Filing Company:	Washington National Insurance Company
TOI/Sub-TOI:	H071 Individual Health - Specified Disease - Limited Benefit/H071.001 Critical Illness		
Product Name:	BS1069 Informational Filing		
Project Name/Number:	BS1069 Informational Filing/		

Superceded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
08/02/2012	Form	Accidental Death & Dismemberment Benefit Schedule	08/03/2012	